2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08037

1. PLACE OF DEATH: Hartord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Forest H. 11 Pings	State Md County Hartons	
(If outside city or town timits, write RURAL and give nearest town)	for at HIII King	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
low long in above place of death?	City or town (If outside city or town limits, write RURAL and give ne	rest town)
Hospital, Institution, or street eddress where death occurred:	Street No	,,
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME JOHN W BLE	3. (b) Social Security	Number
	VINS	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M	20, DATE OF DEATH SEPTEMBER 20, 19 47	1 102P.
6.(b) Namo of husband or wife MINNIN AShlay Blavins		
	JUNE 197/ 10 >EP/-	
7. Birth date of 7. Bir	and that I last saw h. I. alive on SEPT.	1947
deceased (mo., day, yr.) Jany 3-1880	Immediate cause of death CERE BRAL HEMDER MAG	DURATION
8. AGE: Years Months Days If less than one day		LAMEDIA
67 hrsmi	n	* *************************************
9. Birthplace Leffer Son Co # N. C. (Town, county, and state)	Due to EssewTipe HYPERTENSION	APPROX.
		IS.YRS.
10. Usual occupation Farmer	Due 10	-
11. Industry or business	_	
E 12. Name Cicaro Blavins	Dther conditions	
13. Birthplace	(Include pregnancy within 8 months of death)	
14. Malden name Elizabeth Childress 15. Birthplace	Major findings of operations	
15. Birthplace	Major hadiags of operations. Date of op.	
16. Informant WilayC Blavins	Autopsy results.	
/-	PHYSICIAN: Please underline the cause to which death should be charged	
Address Rocks, M&	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof Geoff (day) (year)	Accident, suicide, or homicide	****
Cemetery or crematory Oak Grove	Where did injury occur?	**********
		(State)
Location Schucks Carner, fartard CaMl	Injured at home, farm, industry, public place (where?)	.,,
18. Funeral director	Meens of Injury Injured at work?	
Address Bolan mil	1 Plat Bill	MN
9/21 47 B.: 11 frimm		or other
19. (Duteline'd by peristrar) Registra	ar Address Found Hall Man Date signed.	9/21/47

SEP 24 1947

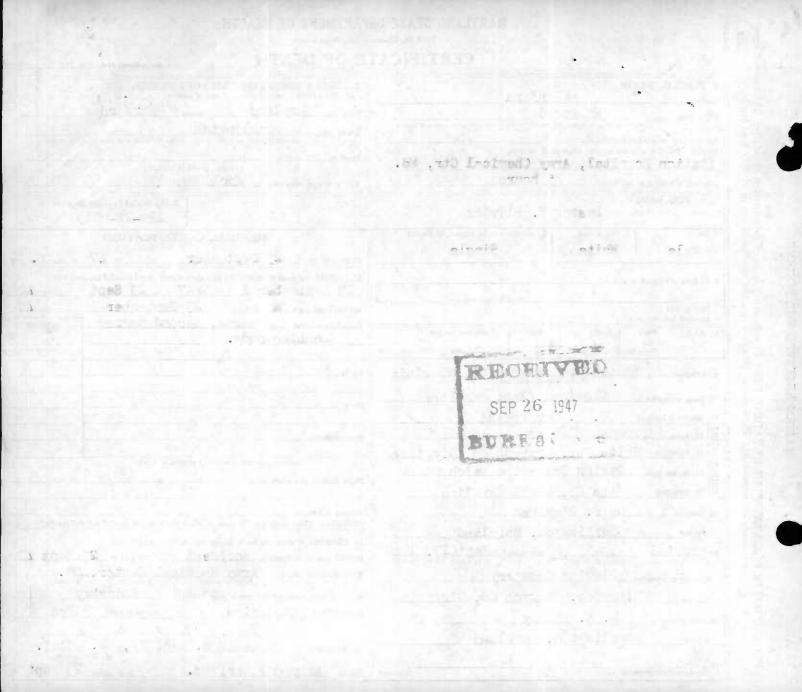
2411 N. Charles St., Baltimore

08038

CERTIFICA	IL OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Harford City or town Darlington
3. (a) FULL NAME Lester H. Blevins	3.(b) Social Security Number 219-18-0263
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 23 September 19 47 21 4 p. 6
6,(b) Name of husband or wife	and that I tast saw h.lm alive on 23 September 19 A7. Immediate cause of death Burns, second degree DURATION entire body.
9. Birthplace	Due to
14. Maiden name. Martha Catherine Welch 15. Birthplace Ash Co, North Carolina 18. Informant John S. Blevins Address Darlington, Maryland 17. Burial Burial Bate thereof Sept. 27, 1947 (Burial, cremation, or removal. Which?)	
tocation White Top, Grayson Co, Virginia 18. Funeral director H. S. Bailey Address Darlington, Maryland 19. Chargered by registrar) 19. Market Ma	Where did injury occur? Army Chemical Center, Md. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) industry Means of Injury Explosion injured at work? Yes 23. SIGNATURE WILLIAM B. MARBURY, JR. Capt. M. D. or other Address Army Cml Ctr. Md. Date signed 23 Sept 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. A15

MARGIN RESERVED FOR BINDING



information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes

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4. Sex

PLEASE

important.

PLAINLY, V is especially

WRITE

1B. Usual occupation.

1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution?. 3. (a) FULL NAME

Years

M.

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Hospital, institution, or street address where death occurred:

5. Color or race

Months

1t. Industry or business

Address

Cemetery or crematory

city or town limits, write RURAL and give nearest town)

If less than one day

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED:	
(For newborn indints give reside	county Harford	
State	County	***************************************
City or town abende	n limits, write RURAL and give near	
(If outside city or tow	n limits, write RURAL and give near	est town)
Street No.		
(If rur	al, give LOCATION)	
2.(a) If veteran, name war	•••••••	
1	3. (b) Social Security N	lumber
nch	219-07-23	34
		-
4	AL CERTIFICATION	
20. DATE OF DEATH Sept.	9 1947	11/2A.
21. I CERTIFY that death occurred on the		
21. I CERTIFY that death occurred on the	date above stated; that parended becease	1-47
	10	
and that I last saw halive on		
Immediate cause of death	hal vareular	DURATION
accident - Hy	pertensive	*************
	hieane	
Due to.		***************************************
Bue to		***************************************

Due to		***************************************
	0	
Diher_conditions Right -	hemiplegia	
Severalized a	terissellionis	
(Include pregnancy w	ithin 3 months of death)	
Major findings of operations		
Autopsy results		
PHYSICIAN: Please underline the caus	se to which desth should be charged a	tstistically.
22. VIOLENCE: If death was due to exte		
Accident, suicide, or homicide,	Date of	
Where did Injury occur?(City or	town) (County)	(State)
Injured at home, fapm, Industry, public p		
Means of Injury	Injured at work?	^
XI	F November	A.A.
23. SIGNATURE A MU	· noguera	My ,
23. 316881092	м. D. о	r other
Address & agord	Dem NVp 1 Date signed	7/9/4/



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Hours (If suitside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	******
3. (a) FULL NAME John Thomas	Burton 3. (b) Social Security Number	
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced whole whose	MEDICAL CERTIFICATION 20. DATE OF DEATH 28 SEPT 1947 1947 1947	-A
8.(b) Name of husband or wife Staron E. Gross	21. I CERTIFY that doath occurred on the date above stated; that I ettended deceased from	47
7 8144 delea Seff 3 6.(c) If alive give age	and that I last saw h 1.17 alive on 27 SEPT 19.	47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURAT RCUTE CORONARY DILATATION I HO	TION
9. Birlhpiaca Greenwood Balto Co	Bue to HYPOSTATIC PNEUMONIA 48 H	めいれ
13. Usual occupation Secured Loforer	Dua to. ARTERIOSCIEROSIS 10 YEI	ARS
11. Industry or business Reserved 12. Name Thomas Cederick Buth 13. Birthplace Securor & Balloco Mi	Other conditions	
14. Maiden name Laura Evaus	(Include pregnancy within 3 months of death) Major findings of operations.	••••
18. Informant Carence & Benton	Actors results	
Address Scrictavelle miles 17. Boursel (Burial, cremation, orfemoval, Which?) Date thereof. Select 30, 194 (Burial, cremation, orfemoval, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Compley or crematory the rect than the mod	Where did injury occur?	
18. Funeral director Martin Skut	Means of Injury Injured at work?	
Address Jane Wavelle Brown	23. SIGNATURE M. D. or other	AV.
19. Dept. 30 1947 Chomas (State) (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	trar Address Address Date signed Date signed Address Date signed Address Date signed Address Date signed Date signed	7.7/

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 2 1947

STREATTE

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced Male Negro Duigle	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days tf less than one day	Due to
10. Usual occupation	Due to.
12. Name 12.	Other conditions
14. Maiden name.	Major Endings of operations. Date of op.
16. Informant Man Plank	Antopsy results
17. (Burial, cremation, or removal Wires) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Thomas Alexander	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address House de Comment	(1/12/12/2
19 Left, 28 19 47 G.Z., Jaws M. Registrar	Address Address Date street Address Ad



DURATION

Gr, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: county Harford City or town. Aberdeen Proving Ground, Md. (If outside city or town limits, write RURAL and give neerest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? Not Hospitalized 3.(a) FULL NAME			d:	(If ootside city or town limits Street No. 312 West 120th S	s, write RURAL and give nearest town) t.
JAMES W.	CONEYS 5. Color or raco	6.(a)Sing	le. married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	Si	ngle	20. DATE OF DEATH 15 Sept	
	75 35-	6.0	c) If alive, give ageyea	21. I CERTIFY that death occurred on the date about 19	ovo stated: that lattended deceased from to 19 seen alive 19
8. AGE: Years	Months 3	Days 29	If less than one day	Immediate cause of death Accidenta of a bomb carried on plane while on an off	an army
10. Usual occupation 11. Industry or business 12. NameJ.OS.5	Soldier ph Coney	ys	state)	Due to	
14. Maiden nameI	Ella erto Ric			(Include pregnancy within 3 r	
16. Informant Ochr Address APG,	an, Star Md.	nley P.			
Location 2284	Griffi Sevent	in Fun h Ave	eral Home New York Ci	Where did injury occur? ADETGEEN I (City or town) Trijured at bome, farm, industry, public place (wi	Proving Ground, Md. (Coonty) (State) Aberdeen Pr Gr,
	ingdon		omas & Son yland Ellie X. Wle	23. SIGNATURE Vanue A	Y. Brolest IT 7

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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OCT 1 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Couchy	2. USUAL RESIDENCE (HOME) OF DECEASED: (Per newborn infants give residence of mother) State
3. (a) FULL NAME March Planett Parent	3. (b) Social Security Number
4. Sex 5. 990r or race 6.(a)Single, married, widowed, or divorced While March 6.(b) Name of husband or wife 6.(c) If alive, give age 6.2 years	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 22	Immediate cause of death DURATION Due to Du
11. Industry or business 12. Name	Cinclude pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address (Daty rec'd by registrar) Date thereof (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, sutcide, or homicide. Where did injury occur? (City or town) (County) (County) (County) (County) (County) (County) (Injured at home, farm, industry, public place (where?) Means of injury 10. or other Address. Date signed

OCT 1 1947 BUREAT * 6 MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CERT	Reg. Dist. No.
1. PLACE OF DEATH? Gounty Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Aberdeen Proving Ground, Md. (If outside city or town limits, write RURAL and give neares	State Pennsylvania County Philadelphia
How long in above place of death?	City or town
Rospitat, Institution, or strest address where death occurred:	Street No. 5518 Locust Street
97 h h h h h h h h h h h h h h h h h h h	(If rnral give LOCATION)
Now long in hospital or institution? Not hespitalized	2.(a) If veteran, name war. World War #2
3. (a) FULL NAME GABRIEL JOHN DAY	3. (b) Social Security Number 182-07-5894
4. Sex 5. Color or race 6.(a) Single, married, widowad, or div	vorced MEDICAL CERTIFICATION
Male White Married	
	20. DATE DF DEATH 15 September 1947 , et
8.(b) Name of husband or wife Anna Day	21. I CERTIFY that death occurred on the date above stated: that t ettended decessed from
7. Birth date of deceased (mo., day, yr.) June 24, 1916	and that I last saw h alive on Not seen alive 19. Immediate cause of death Accidental explosion DURATION
8. AGE: Years Months Bays If less than one day	
31 2 22hrs	of a bomb carried on an army plane while on an official test flight
9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)	Due to
10. Usual occupation Photographer	
11. Industry or business U. S. Government	Due to
Edward Day 12. Name Edward Day 13. Birthpiace Italy	
	(Include pregnancy within 3 months of desth)
	Major fludings of operations. None
	Date of op.
18. Informant Corinne Hines	
Address Civ. Pers., Aberdeen Prov Grd.,	Md. PHYStCIAN: Please underline the cause to which death should be charged statistically.
(Burisi, cremation, or removal. Which?)	22. VtOLENCE: tf death was due to external causes, filt in the following;
	Abordoon Browning Crownd Md
Cemetery or crematory Assaugh Tassau Burnal	(City or town) (County) (State)
Location 1327 South Brond St. P.	Kela Par injured at home, farm, industry, public place (where?) Aberdeen Prov. Grd,
18. Funeral director Howards K. Me Cours	Con oborro
	1, 100 01 442
Address Abengson Maryland	23. SIGNATURE CHANGE A Brock 1874 MC
(Date rec'd by registral)	Registrai Address Station Hospital, APG, Mone signed

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	2411 N. Charles St., Baltimore 46
CE	RTIFICATE OF DEATH
1. PLACE OF DEATH: Var of County. City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Daisy Bai	intridge Velweler -
4. Sex 5. Color or race 60(a) Single, married, wildows Female White Marrie	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife 6.(c) If alive, give a constant (mo. day v.) Qu. 9.1.189	eliviles 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 3.0 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Mays If less than on the less	rs. min.
9. Birthplace Torristour (a. (Town, county, and state) (10. Usual occupation Torrise Dutles	Due to. Care Dand Ma
11. Industry or business 12. Name 13. 8irthplace Perm.	Dther conditions.
14. Maiden name. Aliza IIII 15. Birthplace 16. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant / Nave de Grace, Mil	Autopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Cemetery or crematory Torms City Cem.	h) (day) (year) Accident, suicide, or homicide
Location Mantgassury 6. 18. Funerat director	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address + avr de Grate, 19 10 (Date rec'd by registrar)	nio n. S. Registrar Address Lowse ou frace M. D. or other Address Lowse ou frace M. Date signed — 19.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Manyland County Harford City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town) Street No. Union Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife. Margaret Hollahan Fahey 1.7	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) January 9, I896 8. AGE: Years Months Days If less than one day 5I 8 20	Immediate cause of death Duration Due to.
12. Name John Fahey 13. Birthplace Harford Co. 14. Malden name Mary Farrell 15. Birthplace Harford Co. 16. Informant Margaret H. Fahey (wife) Address 209 N. Union Ave.	Other conditions
17. Burial Date thereof IO/2/1/7 (Burial, cremation, or removal. Wbich?) Cemetery or crematory Mt. Brin Location Havredockiece, Md. 18. Funeral director engineering for the control of	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



2411 N. Charles St., Baltimore

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M. D. or ather

CERTIFICAT

E OF DEATH	Rog. Dist. No.
Rural- Black M	nty
Street No	LOCATION)
2.C. C. Colon, Marie Wal	3. (b) Social Security Number
MEDICAL CE	ERTIFICATION
20. DATE OF DEATH 15 September	19 47 , at
21. I CERTIFY that death occurred on the dale above	
Immediato cause of death Accidenta of a bomb carried on while on an official Due to	an Army plane test flight
Other conditions	
(Include pregnancy within 3 m	
None	ich death should be charged statistically.
injured at home, farm, industry, public place (who	tal Bala of 15 Sept 47 roving Ground, Md. (County) (State) Aberdeen Prov Grd., M
Means of Injury See above	injured at work? Yes

County	riord	1:		
City or town Aberdeen Proving Ground, Md. (If outside city or town limits, write RURAL and give nearest town)				
How long in abo	ve place of d	eath?et address where (************	*20*2**********************************
How long in ho	spital or ins	titution? No	t hosp	italized
3. (a) FULL		ILLIAM M	AURICE	FITZPATRICK
4. Set	5.	Color or race	6.(a)Single	, married, widowed, or divorced
Male		White	1	Married
G.(b) Hame of h	usband or w	Loui	se Fit	zpatrick
7. Birth date of deceased (mo	., day, yr.)	Octobe) If alive, give ageyears 1923
8. AGE:	Yearn	Months	Days	If less than one day
	23	10	19	
10. Usuat occup 11. Industry or 12. Name 12. Name	business	U. S. Ar		
14. Malden 15. Birthpla				
16. Informant	Ochi	nan, Star	nley I	
Address	Aber	deen Pro	ving (round. Md.
Transportation (Barial, cremation, or removal, Which?) Commetery or crematory Holderness South Mortuary Location Pine Bluff Arkansas				
18. Funeral director. Howard K. McComas & Son.				
Address Abingdon M.d.				
19. Det	J-2	1947	. The	lles H. Viley

66 Throng Address Station Hospital, APG, Md Date signed

VS A15

OCT 1 1947
BUREAT (8

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

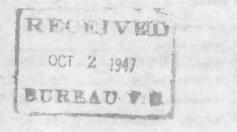
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80	Dist	No		Ō	~

City or town. It would city or town limits, which will be the companied of the companied of the city of the companied of the city of the c	0	1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ther long in above place of deaths. The pla	E	City or town Kural - Jarretts ville,	state Maryland county Itarford
Rew long in heapital or institution? 3. (a) FULL NAME A NA MAY STAMS DUTY 4. SEE 5. Color of race 6. (a) Name of heavished or wite. C.	ullyand	How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Rew long in heapital or institution? 3. (a) FULL NAME A NA MAY STAMS DUTY 4. SEE 5. Color of race 6. (a) Name of heavished or wite. C.	aref		
8. Sex S. Color of race S. C	d)		
8. Sex S. Color of race S. C	death	1 11	3. (b) Social Security Number
8.(a) Name of husband or wite Secretary Secret	info	11110	
8. (6) Name of husband or with M. C. C. C. M. C. C. C. M. C.	n of uses	Female White Widowed	20. DATE OF DEATH September 3, 1947 of 3:00pm
Third at a construction of the control of the contr	r iter	6.(b) Namo of husband or wite George Oliver Foard	
deceased (mo. day, yr.) 8. AGE: Years Months 9. Birthplace NOCKS HAY FORM 10. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 11. Industry or business 11. Birthplace DOUISIANA, ACCAS MAY SOLVEN TO Other conditions. 12. Name. TOOLES FMEYS MAY SOLVEN TO Other conditions. 13. Birthplace DOUISIANA, ACCAS MAY SOLVEN TO Other conditions. 14. Maleen name. ATM. A. A. A. B. R. A. L. C. B. M. T. M. C.	ver e ti	December 28 december 5,(c) If alive, give age years	
8. AGE: tears Months Days II loss than one day Mrs	ly e	deceased (mo., day, yr.) July 23, 1858	
S. Birthplace. NOCKS HAT FORM (Toylo, connty, and state) 10. Usual occupation. H.O M.Q. M.A.R. 2 11. Industry or business 12. Name. TOOL 2.5 EMEYS M. STANSBURY THE LIBERT OF CONTROL O	ase v	00 1 11	
10. Usual occupation 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name TODI 2.5 EMEYS M. SOUNT 13. Birthplace Dul 15 2.4 Mag. Accept 14. Malden name. A.M. 2. A.C. 2.4 R. Address Rock 5 M. A. Accept Autopsy results Research of the canact to which death should be charged statistically. 16. Informant M. 73 M. A. T. Accept M. Autopsy results Research of the canact to which death should be charged statistically. 17. Comment of the condition Country Countr		9. Birthojace ROCKS Harford Md	M
11. Industry or business 11. Industry or business	IN	Hama will and	remail disease
13. Birthplace Oulsianna - Accension Peris 14. Maiden name Arman Accension Peris 15. Birthplaco Rocks Maior findings of aperations 16. Informant Maior Rocks Maior findings of aperations 17.	ING sici		Duo to
13. Birthplace Oulsianna - Accension Peris 14. Maiden name Arman Accension Peris 15. Birthplaco Rocks Maior findings of aperations 16. Informant Maior Rocks Maior findings of aperations 17.	AD) Phy		Chronic heart
HELIAM 15. Birthpiaco Rocks Md. 16. Informant M. 73. M. Ar y FOAR O. BURY Major findings of aperations. Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Emerical, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Addross Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? M. D. or other	E.		failure
Autopsy results. Address ROCK 5 M Autopsy results. PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location. Location. Autopsy results. PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other	4	A A - 1 A	(Include pregnancy within 8 months of death)
Autopsy results. Address ROCK 5 M Autopsy results. PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location. Location. Autopsy results. PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other	HILL		
Address ROC 5 Address ROC 5 Date thereof. (ngynth) (day) (year) Cemetery or crematory. (City or town) Location	. >	War Mary Foard Rurton	
Cemetery or crematory. Location Location Addross Addross Cemetery or crematory. City or town) (County) (County) (County) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE M. D. or other	ILY iall		
Cemetery or crematory. Location Location Addross Addross Cemetery or crematory. City or town) (County) (County) (County) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE M. D. or other	AIN	Buni 0 Soht 5- 1914	
Cemetery or crematory. Location Location Addross Addross Cemetery or crematory. City or town) (County) (County) (County) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE M. D. or other	PL is e	(Bnrlal, cremation, or removal. Which?) (month) (day)/(year)	
18. Funeral director Marketswille M		Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
18. Funeral director Marketswille M	VRI	Location Confidence And Location	
Addross Garrettsville Mg. 19 Sept 5 1947 Thomas R Brown Street Md M. D. or other 23. SIGNATURE Street Md M. D. or other		18. Funeral director Marthagy Lag Kurby	Means of injury injured at work?
19 Sept 5 1947 Thomas R. Brown Street M. A M. D. or other	SAS	Addross garrittsville, md.	Charles a not mo
(Date/rec'd by registrar) Registrar Address Patron Registrar	PLE	18 Sept 5 1847 Thomas P. Brown	Street MA D, or other

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correct age

VS A15



CERTIFICATE OF DEATH

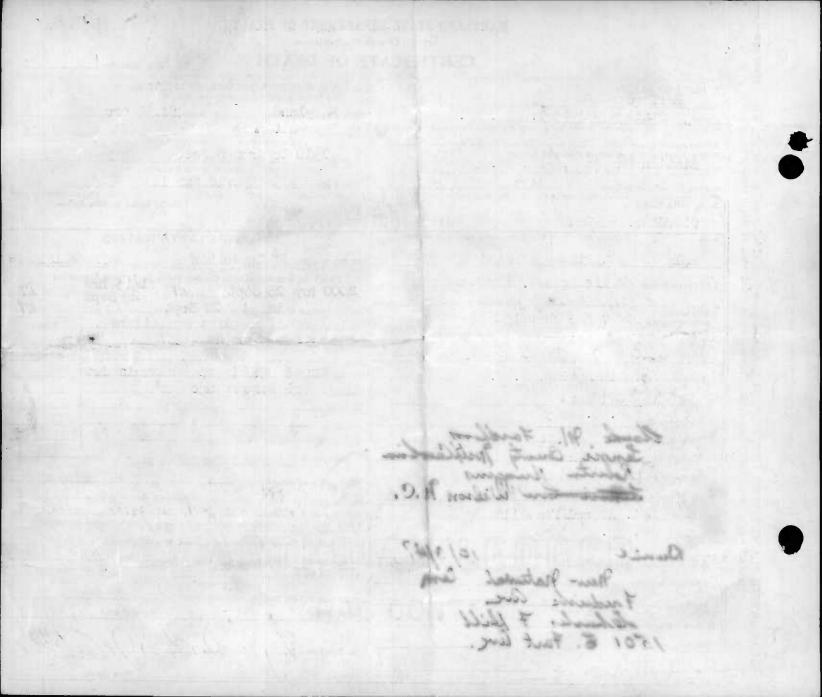
				. 6	-	Name and
1		m	MT.	2	1	1
	Keg.	Diat.	NO.	 	****	·

1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Station Hospital, APG, Md. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Baltimore
How long in above place of death?	Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1310 Townson Street (If rural, give LOCATION) 2.(a) If veteran, name war. World War II
How long in hospital or institution? 2 days	2.(a) If veteran, name war.
3.(a) FULL NAME CLAUDE R. FORDHAM	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH 28 September 19.47 at 1415 Fm
6.(6) Name of husband or wife Francis V. Fordham 6.(6) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 7 December 1906	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 2000 hrs 26 Sept 19 47 to 28 Sept 19 47 and that I last saw h. im. altre on 28 Sept 19 47. Immediate cause of death. Respiratory failure DURATION
8. AGE: Years Months Days If less than one day 40 9 21 hrsmin.	during anaesthesia
9. Birthpiace Seventh Spring N. C. (Town, county, and state) 10. Usual occupation Soldier 11. Industry or busingss 12. Name Saude M. Fardhard 13. Birthplace Journa County JuffCarolina 14. Maiden name Roberton Guragins 15. Birthplace County JuffCarolina 16. Interment Sgt. Alfred Pezzella	Oue to Extreme anemia and anoxemia due to gastric hemorrhage Due to
Address APG, Md. 17.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

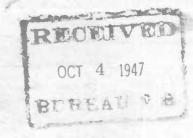
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08050

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 224 1 County The Land
City or town (If outside city or town limits, write RURAL and give nearest town)	10 10 10 10
How long In above place of Beath?	City or town (1f outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME ON B Fun	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Filoury	20, DATE OF DEATH 29 19.47, 01/0, P. M
26.00 - 2 meno	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	defol 1057, 19 Sept 28 1977
7. Birth date of	and that I last saw harmalive on Staffe 28 19.47
deceased (mo., day, yr.) Much 26 1860	Immediate cause of death
8. AGE: Years Months Days If less than one day	
87 6 3hrs. mln.	Ehropi Mygeardelis
Horles for med	Due to arline relevous
9. Birthplace (Town, county, and atate)	Hypelinein
10. Usual occupation	Due to Sangrene of right food 1 Mr.
11. industry or business Amada Amada	
	Other conditions
12. Name 12.	
	(Include pregnancy within 3 months of death)
14. Maiden name June Jule 15. Birthpiace Burloy 65 14	Major findings of operations
\$ 15. Birihpiace Carloy 65 /	Date of op.
16. Informant Juniore of Josephile	Antopsy results
A D I II m I	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jalishilp Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation or removai, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
912.	Where did injury occur?
Cometery or crematory	
Location Resident	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury injured at work?
Address Turn Store do	as contract Express of Of Hepson
1010 12 The of Paramet	23. SIGNATURE M. D. orother
(Dato ree'd by registrar)	Address Freeza Show Tan Date signed 9/30/47



2411 N. Charles St., Baltimore

0805

CERTIFICATE OF DEATH

Dist No 182

1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Harford		
County			
City or town Street, Rural (If outside city or town limits, write RURAL and give nearest town)			
	City or town. Street, Rural (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
	Street No		
How long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Rosina E. Good	0.(0) 50000 50000, 10000		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	1 7 050		
Female white widowed	2D. DATE OF DEATH SEPT 1977 at 7 PM		
8.(b) Name of husband or wife. Jonas Good	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
S (a) If allow also are	193.9, 10, 44, 7		
7. Birth date of Table 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I last saw h. 27. alive on Sept 1947		
deceased (mo., day, yr.) JULY 12, 10/1	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Carenoma		
76 1 26nin.	Howach		
s. Birthplace	Due la		
(Town, county, and state)			
tD. Usual occupation. Housewife	Due to.		
t1. Industry or business	900 10		
I 12. Name James Stokes	Diber conditions.		
James Stokes 12. Name	Pilici Coliginalis		
	(Include pregnancy within 3 months of death)		
t4. Malden name	Major findings of operations.		
15. Birthplace	Dale of op. Chry . 1947		
16. Informant Thomas H. Good	Antopsy results		
Address Street, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Rudicas	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Bate thereof Sept. 13, 194 (Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Holy Cross cemetery	Where did injury occur? (City or town) (County) (State)		
Pylesville, Md.			
Location	injured at home, farm, Industry, public place (where?)		
16. Funerat director Hubert P. Harkins	Means of Injury tnjured at work?		
Address Dolta, Pa.	X-10 HL L MID		
0. + -11 17 N 711 W	23. SIGNATURE Oaslald O, M.D. of other		
19. Sept. 24 1 19. W. Kry	19.01 Xes Pa 112hr		
(Date ec'd by registrar) Registral	Address		

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

	CERTIFICAT	E OF DEATH Reg. Diat. No. 18 5
	City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Haspital, institution, or afreet address where death occurred: Harpy de Menoral Mobilel	Street No. 4 5 (If rural, give LOCATION)
	3. (a) FULL NAME EVNEST Jack	2.(a) If veteran, name war. 3.(b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, vidowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. September 22 19 47 31 8 55
	6.(b) Name of husband or wife Section S.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19 to 22 19 19 and that f last saw h
	deceased (mo., day, yr.) 19 - 900	Immediate cause of death Myocardial DURATION
	9. Birthplace (Town, county, and atate) 10. Usual occupation.	Due to Moullupnemmic
	11. Industry or business 12. Name	Other conditions Circlionis of the liver Circle followed townships
	14. Maiden name	(Include Fregnancy within 3 months of death) Major findings of operations
	Address 418 - RX. Bair RK	Autopsy results
	(Burial, cremation, or removal, Which) Date thereof	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	Location	Injured at home, farm, Industry, public place (where?) Means of injury (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
	Address Have de Rose	923. SIGNATURE John F. Noguera MD.
	Left 24 19 47 4- L. Cewis M. A. (Dath rec'd by registrar) Registrar	Address Aufor d hen Hosp Bate signed 9/22/4

WITH CNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

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SEP 25 1947
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2411 N. Charles St., Baitimore

1860

08053

CERTIFICATE OF DEATH

Reg. Dist. No. /85-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Harro de maro	State Md County
(If outside city or town limits, write ROHAL and give nearest town)	city or town Port Deposit
How long in above place of death? 1900. 3 25.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Miss Katie c	Jaman 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F. W.	Salata Lun ZIM 47 XB
	20. DATE OF DEATH. 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	3-18-7/19
7. Birth date of () P11 21 10 14	and that I last saw h landlive on 9-20-4 1
8 A.G.F. Years Months Days I If less than one day	Immediate cause of death
8. AGL:	Chinic rupor anditis
80 / 21hrs.	nin. arteris scleurs
9. Birthplace Org Deficant College Mc	Due to Translate of lip
10. Usual occupation	
	Due to
11. Industry or business	Kyplopia - Ilmilite
E 12. Name OF The 1	Other conditions
13. Birthpiace	(Include pregnancy within 3 months of death)
= 14. Maiden name . enulle . low.	Major findings of operations.
15. Birthplace West. Va.	Major Indings of operations. Dale of op.
M and Almalana	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Out Wyman, MW.	
17 Busial Pate therent Seht. Z4/9	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) (month) (day) frear)	Accident, suicide, or homicide. Charletter Date of 3/8/4/
Cemetery or crematory of the Company	Where did injury occur? Parl Deposit, Ind. (City or town) (County) (State)
Part Welson't Min. Hus	Injured at home, tarm, industry, public place (where?)
Location	Moons of Injury 1 Fall / Injured at work? no 11/25/43.
18. Funeral director of the Carlotte Total	
Address Gersewill, ma.	Man K. Noguera, MA
1.12 11 11 11 11 11 11	23. SIGNATURE M. D. or other
(Dat/rec'd by registrar) (Dat/rec'd by registrar)	

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CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	0
City or town	(int Dan.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospiful, institution, or street address where death occurred:	Charat No.
Harfor & II) emoved Naspilal	Street No
How long Innospital or institution? 13 Source	2.(a) If veteran, name war.
3. (a) FULL NAME Lavel.	3. (b) Social Security Number
lagard fen kuns	
4. Sex 5. Color or ace 6. (915 ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
11	20 ALT OF OCIVE JOSEF 17 142 110 18
1/: W:	20. DATE OF DEATH 2110 11.
6,(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
The state of the s	9-16-47 19 to 9-12 1st2
7. Sirth date of Sirth date of	and that I last saw h Last alive on 9-17-47
deceased (mo., day, yr.) 100 24, 1946	Immediate vause of death OURATION
8. AGE: Years Months Days If less than one day	1. 1.1 10 111 Sl. +- d
- 9 24 hrs. min.	Con ourside State Que to
	hyperfyoresta of an lerowo 17 and
9. 8irthplace Elblion, Cecil Co. md	the florigness
(Town, county, and atate)	
10. Usual occupation.	Que to
11. Industry or business	oue to
12. Name dustin dans Jenking dr	Other conditions 1996 Car
13. 8irthplace Eleton ma	
14. Maiden name Jeson L. Simpus 15. Birthplace north East and	(Include pregnoney within 3 months of death)
	Major fiediogs of operations.
= 15. 8irthplace north Cash mod	Oate of op.
16. Informant auxilia Lan Sentin la	Aotopsy resolts
8 1 6 . ()	PHYSICIAN: Please onderlice the caose to which death should be charged statistically.
Address ort Nyport ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?)/ (Burlai, cremation, or removal, Which?)/ (mphth) (day) (yeer)	
(Burtai, cremation, or removat. Which?)/ (month) (day) (yeor)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Elletin Mansland	Injured at home, farm, Industry, public place (where?)
1 R Office A	Means of Injury Injured at work?
18. Funeral director	emit of a
Address worth God ma.	23. SIGNATURE. M. A. Lala. M. A.
10 Left. 20 10 47 U.Z. Verno M. D	M. D. or other
(Date rec'd by registror) Registror	Address Date signed 147

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2411 N. Charles St., Baltimore

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08055

CERTIFICATE OF DEATH

Reg Diet No 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
County	(For newborn infants give residence of mother)
Our of - (Ball (1x)	State / Call County County
	City or town Okeral - Weller
How tong in above place of death? 20 400. Hospital Institution or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	1 3. (b) Social Security Number
Tranvelle Vaylor Les	twich
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mile White Widowed	101. + 8
	20. DATE DE DEATH DEST. 5, 19 47, at 11:30. A. N
6.(b) Name of bushand or wife Margaret Leftwele	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 13 1947 to DIPT 8 1997
7. Birth date of 6.(c) If alive, give age	and that I last saw help and selection and that I last saw help and that I last saw help and the saw help an
deceased (mo., day, yr.) May 10, 1566	Immediaig cause of death DURATION
8. AGE: Years Months Days If less than one day	Cla Musocardial Deserge 9 800
81. 3 28°	
1000	
8. Birthplace	Due to
(Iown, county, and state)	
10. Usual occupation Harmel	Due to.
1t. Industry or business	
	Other conditions anterio-scleratio gauges 3 mas
	Diner conditions.
	/(Include pregnancy within 3 months of death)
14. Maiden name UNICNOWN	
14. Maiden name Unilmous de l'est l'	Major findings of operations.
B Stringlace	Date of op.
16. Informant Malmoud A. A. A. A. T. W. Cle	Autopsy results.
Address Mordeen md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D: 1 + 1 1018	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remogal, Which?)	Accident, suicide, or homicide
Marithal Eliabel	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location leav Churcleville Ind	Injured at home, farm, Industry, public place (where?)
Yourse Tarrena & Soun	Means of Injury tnjured at work?
18. Funeral director	11/1
Address Arkalle Ind.	on appropriate Welland R Succession
9/11 40 00 - 161 - for mount	23. SIGNATURE M. D. or other
19. 19. 19. 19. The Moula of the Baggistra	Torest 600 ma Bate stoned 9/10/45



2411 N. Charles St., Baltimore

1950

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Hariord County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town. Liberdeen Proving Ground, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred:				State Texas County	***************************************	***************************************		
				Cily or town Brownsville (If outside city or town limits, write RURAL and give nearest town) Street No. 1621 Taylor Street				
How long in hospital of	or Institution? No	t hosp	italized	(If rural, give LOCA)				
3. (a) FULL NAM				3. ((b) Social Security Nu	mber		
4. Sét	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTI	IFICATION			
Male	Mexican	Ma	arried	20. DATE OF DEATH 15 September	19.47 at			
6.(b) Name of husband	or wifeMar	y L. L	ucio	21. I CERTIFY That death occurred on the date above state	ed; that I attended deceased	d from		
7. Birth date of			c) If elive, give egeyears	and that liest saw h silve as Not see:	n alive	19		
deceased (mo., dey,		23, 10		and thall last saw h	xplosion -	DURATION		
8. AGE: Year	Months	Day: 23	If tess than one dey	of a bomo carried on an	Army plane	***************************************		
~	7 7	~>	hrsmin.	while on an official test flight				
8. Birthplace	(Town,	county, and a	utate)	Due to				
10. Usual occupation.	U.S. Ar	ny		UF-5 &				
11. Industry or busines				Bue to		ho 000000 0000 000000000000000000000000		
12. Neme		•••••		- Dither conditions				
2		•••••		(Include pregnancy within 3 months of death) Major fiediugs of operations. None None				
	Oakwara Ct.	7 1	5					
10. tarormant		······································		Autopsy results	ath should be charged sta-	tistically.		
Rugiess	rdeen Prov.			22 VIOLENCE. Il death was due to external equato fill				
17. Trans (Burlal, cremation	oortation , or removal. Which?)	Date there	of Sept 20, 1947	Accident suicide ar homicide accidental	Date of 15	Sept 47		
			Lucio	Where did injury occur? Aberdeen Pro-	(County) (S	State)		
Location 1621 Taylor St., Brownsville Tex 18. Funeral director Howard K. McComas & Son					9.0			
				Meane of injury See above	Injured et work? You	es		
Address Ab	ingdon	Maryl	and A	6604	vey			
19. Seld	29 19.47	1	Illie X. Kile	23. SIGNATURE M. D. or other Station Hospital, APG, Md Pale Signed				

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Edgewood (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Harford
How long in above place ot death?	City or town. Edgewood (If outside city or town limits, write RURAL and give nearest town)
Station Hospital, Army Chemical Ctr, Md. How long in hospital or institution? about 39 hours	(If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME Philip Charles Luongo	3. (b) Social Security Number 219-05-8073
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. OATE OF DEATH 25 September 19 47 ot 2:30 am
6.(b) Name of husband or wife Pauline Lovelace 5.(c) It alive, give age 21 year 7. Birth date of deceased (mo., day, yr.) 26 January 1921	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 23. September 19. 47 to 25. Sept. 19. 47. and that I last saw h. im. alive on 25. September 19. 47.
8. AGE: Years Months Days It less than one day 26 7 30	second and third degree, to face, chest, abdomen, arms and legs.
9. Birthplace	Due to 2. Shock, severe, Secondary to #1.
11. Industry or business U. S. Government 12. Name Giovanni Luongo 13. Birthplace Italy	
14. Maiden name Mary Letteriello	Major Madings of operations.
16. Informant Mrs. Philip C. Luongo	Antopsy results
Address Edgewood, Maryland 17. Burial Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or cremetery. Galk Kawli	Where did in jury occur?
18 Funeral director Fraul Wella Noce	Means of injury Fixplosion Injured at work? Yes William B. Charles
Address 52 M. Morfey St. 19. 9-76 19 49 Black Registra	23. SIGNATURE WILLIAM B. MARBURY, JR. CAPT M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legisly. PLEASE

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

08058

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Maryland County Hackord
(If outside city or town limits, write RURAL and give nearest town)	They al - Ohondoon
How long in above place of death? 6.5 yes	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Malsofm W. Mitchell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	2D. DATE OF DEATH. Selecter 12 19 47 at
En H Daharal	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of bushand or wife 9	Sept 12 1847 10 Pend 12 1047
7. Birth date of	and that I last saw h lamalive on Synt 15 19.47
deceased (mo., day, yr.) There is the second of the second	Immediais cause of death DURATION
8. AGE: Years Months Days It less than one day 6 5	Coronory Thrombusis CAA Had
ale de la lande met	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Garcier	Que to.
11. Industry or business Corn Conner	Due 10
= 12 Name John & Mitchell	Other conditions
12. Name John & Mitchell 13. Birthplace Aberdeen Md.	
14. Maiden name Joids 15. Birthplace 11 Revdeev Md	(Include pregnancy within 8 months of death)
1 Landen Md	Majar findings of aperations.
900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Date of op
16. Informant W.O. Charles Otives	Autopsy results
Address Oberdeen Nd.	22. VIOLENCE: If death was due to external causes, till in the following:
17 Quical Date thereof Defet 15 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cramatory	Where did Injury occur? (City or town) (County) (State)
Location O berellew, Ms.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Tylungy Varreng & Sous	Meene of Injury Injured 2t work?
Address Oberden md.	23 SIGNATURE SUB Gastian mD
19 Sept 15 1947 Mellie 21 Tila	alle de ma M. D. or other 9 11447
(Date rec'd by registrar) Registrar	Address Date signed Date signed



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	 D.	

. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
ouety Marian Aberdeen Proving Ground Md. (If outside city or town limits, write RURAL and give nearest town)			cound, Md.	State Texas		0.000
ly or town(If outside city or town	imits, write I	RURAL and give nearest town)	Can Angala		
			**************************************	City or town	nits, write RURAL and give neare	st town)
ospilal, lestitution,	, or street address where	death occurre	d:	Street No. 527 Tulliam	Street	
	or lestitution?No	t Hosn	nitalized	M	rive LOCATION)	,
				2.(a) If veteran, eame war		V.
.(a) FULL NA FRAI	NK T. MOORE				3. (b) Social Security N	umber
. Sec	5. Color or race	8.(a)Sieg	le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Ma	arried	20, DATE OF DEATH, 15 Septemb	er	
		2 12 7	7.6			<u>nt</u>
.(6) Hame of husba	and or wife 123	beth b	rances Moore	21. I CERTIFY that deeth occurred on the dete	CALL CONTRACTOR CONTRACTOR CONTRACTOR	COMPRES.
Birth dete of		6.(c) If alive, give age Z.(e.	years	t seen alive	11
Birth dete of deceased (ma., da	35 20			and that I lest saw h allvo on NO Immediate cause of death Acciden		19
	ears Months	Deys	If less than one day	Immediate cause of death	n an army nlane	DURATION
	28 3	24	hn.	of a bomb carried of while on an officia	I test flight	***************************************

. Birthplace	(Town,	county, and	ntate)	Due to		***************
O. Usuel occupation	U.S. Arr	ıy	***************************************		***************************************	w *** ** * *** * * * * * * * * * * * *
1. Industry or busi				Due to		***********************
		m-	ne			1000 000000 00000000000000000000000
	11			Other conditions		800008000008008000000000000000000000000
13. Birthplace	Fulton			(Include pregnancy within	8 months of death)	
14. Meidee nar	ne Meleran Is	ry 13.	March	Major findings of aperations. None		
15. Birthplace	Fulton,	mis	4.	major nadings of aperauona	Rate of as	*********************
C Informs -1	Ochman St.			None	······································	, . , , . , . , . , . , . , . , .
6. Informant	erdeen Provi			PHYSICIAN: Please underline the cause to		
	sportation			22. VIOLENCE: If death was due to external	causes, fill in the following:	
(Rarial gramati	ion, or removal. Which?	Date ther	eot Sept. 18, 1947 (month) (day) (year)	Accident, suicide, or homicide, accide		Sept 47
			ational	Where did lajury occur? Aberdeen (City or town	Proving Ground.	**
Location	rlington	va.	•••••••••••••••••			
8. Funerel director	Howard K	. McC	omas & Son	Meens of injury See above	lejured al work? Ye	S
	bingdon	ivid.		11	210 114	Ptm.
Magteze	TO O	M	001.01+-1	23. SIGHATURE Wanne	A. Brock HI	7 /HC
Delst	27 1947	14	elle Hill	Station Hospital	M. D. or	
(Date rec'd by	registrar)		Regis	Address Station Hospital	a Allia Ma Bate signed	

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2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH
PLACE OF DEATH: ounty	2. USUAL RESIDENCE (For newborn infalts generally state

	41-51 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother	CEASED:
State County County Of town of aure de 9	(Tayre
(If outside city or town limits, write	RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CEPTIFICATION

Nichols

3. (b) Social Security Number

9. Birthpiace	3. (a)	FULL NAM	E	Ms	. Elizabeth
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	4. Sex	F.		6.(a)Single	e, married widowed, or divorced
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace Town, county, and state) 10. Usual occupation 11. industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 15. Birthplace 16. Informant 16. Informant 17. (Burlal, cremation, or removal, Which?) Cemetery or crematory 17. Cemetery or crematory 18. Cemetery 18. Cem	6.(b) Na	me of husband	01 WITE		***************************************
9. Birthpiace			41		
9. Birthpiace	8. AG	E: Year	s Months	Days	If less than one day
9. Birthpiace		76	7	14	hrsmin.
Address / 30 S. Classes 17. (Hurial, cremation, or removal, Which?) Cemetery or crematory. Location	12. HATHER 13. 14. 15.	Name Birthptace Maiden name	May Maya May	land it n	(
(Burial, cremation, or removal, Which?) Cemetery or crematory				bes	<u>-</u>
Location I and the			10000	Date there	(month) (day) (year)
18. Funeral director	Locat	eral director	Perm	mol	Y Pin

	pe
20. DATE OF DEATH September 26 19 47	1 6
21. I CERTIFY that death occurred on the date above stated; that Lattended deceases	
and that I last saw h an alive on Selat - 26 - 47	19
Immediate cause of death	DURATIO
Calleria	
Due to Carcinoma of Uteru	······································
Due to. Carcumalous	******
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op	
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
22. VIOLENCE: tf death was due to external causes, fill in the following:	
Accident, sutcide, or homicide	
Whers did injury occur?(City or town) (County)	(State)
injured at home, farm, industry, public place (where?)	
Means of Injury / injured at work?	
bs. signature John F. Noguera	NO

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(Date rec'd by registrar)

18 43 G. L. Jewis M. Bass Halford Keener C.

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OCT 1 1947

B"REAT # 6

2411 N. Churles St., Baltimore

1950

CERTIFICATE OF DEATH

080618 / Rog. Diat. No.

How long in above place of deat Hospital, institution, or street	Proving Provin	ng Gron mits, write R death occurred Hospi	und, Md. URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Illinois Knox City or town Galesburg. (If outside city or town limits, write RURAL and give nearest town) Street No. 1494 Mulberry St. (If rural, give LOCATION) 2.(a) If veteran, name war World War II 3. (b) Social Security Number		
4. Sex 5. Co	or or race	8.(a)Single	s, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Ma:	rried	20. DATE OF DEATH 15 Sept 19.47 at		
6.(6) Name of husband or wite				21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of	21 Jan		e) If alive, give ageyears	and that I last saw h alive on Not seen alive		
O. AGE.	Months	Days	It less than one day	of a bomb carried on an army	JRATION	
Galach	7	25	hrs. min.	plane while on an official test	3 ***	
			tate)		**************	
	oldier J. S. A		•••••••••••••••••••••••••••••••••••••••		************	
12. Name Unknow	m la, Col	orado	***************************************	Other conditions None		
14. Maiden name Clara N. Reagor 15. Birthplace Knoxville, Ill. 16. Informant Ochman, Stanley P.				(Include pregnancy within 3 months of death) Major findings of operations		
≋ 15. Birthplace MIO	ville,	777.			160 000 000 000 000 00	
16. Interment Ochman		ey P.	***************************************	Autopsy results	ly.	
Transportation Date thereof Sept. 18,1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory indburg Firth, Funeral Home				22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide, accidental Bate of 15 Sep. Where did injury occur? Aberdeen Proving Ground, Md (Gity or town) (Coonty) (State)	·	
Galesburgh, Ill. 18. Funeral director Howard K. McComas & Son				Injured at home, farm, Industry, public place (whers?) Means of Injury See above Injury Yes	MQ.	
Address , Abingdon Md. 19. Set 29 47 Yelle H. Registrar				23. SIGNATURE Warren H. Brock M. D. Frother Address Station Hospital, APG, Modes street	nic	

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OCT. 1 1947

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2411 N. Charles St., Battimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. // S
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Author How long in hospital or institution? 4. Author How long in hospital or institution? 4. Author Author How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. May County County County (17 outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleran, name war.
3. (a) FULL NAME Paul L. Register	3. (b) Social Security Number 214-10-93 63
1. Sex 5. Color or race 6.(a) fingle, married, widowed, or divorced Marked	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 19 19 47, 21 5:15 P.
6.(b) Name of husband or wife Occopy Orticle from 5.(c) If alive, give age 3.9 ye 7. Birth date of deceased (mo., day, yr.) December 11, 1901	21-1 CERTIFY that death occurred on the date above stated; that I attended deceased from September 13 19 47 to September 19 19 47 and that I last saw him alive on September 19 19 47
8. AGE: Years Months Days If less than one day 45 9 9	Immedia puse of death Tulmenzry Embolism Termina
9. Birthplace Ownlaw Co. C.	Ope to Venova Thrombosis of vn- Known Site not Diognosed clinically Out to Atrict Ded rest, imposed Dec augmont: Other conditions Myocardial Interction Posterior (Include pregnancy within 3 months of death)
14. Maiden name. Uniterocom. 15. Birthplace Cleuknown. 16. Interment. Mrs. Paul & Kegister. Address 1/ Jaft St. abergeen mo	Major findings of operations Oate of op. Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory (19 Mells) Cemetery or crematory (19 Mells)	Accident, suicide, or homicide
18. Funeral director Africa Jackey Jacking & Louis Address Durdieu Ma	Injured at home, farm, Industry, public place (white?) Means of Injury Injured at work?
19 Left 20 19 49 U. L. Terre 7	Address W. Beldis Uy. Writing us Date signed 4719/4-

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE PLAINLY, 1 is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08063 No. 185-

	Keg. Dist. (W, Summing
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAMENVS. Leha Mae	Richards 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 8. (b) Name of husband or wife 6.(c) It alive, give age 9. years 7. Birth date of deceased (mo., day, yr.) 70 7 8 8 8 9 9 8. AGE: Years Months Days If less than one day hrs. min. 9. 6irthpiace 70 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	MEDICAL CERTIFICATION 20. DATE OF OEATH
Address / Fare Company 19 (Date fee'd by registrar) (Date fee'd by registrar) (Date fee'd by registrar)	Address Harfital Bate signed 9/16/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

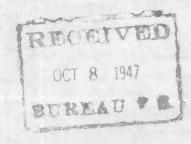
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08064

CERTIFICATE OF DEATH

182

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Oily or town. (If outside city of town limits, write RURAL and give nearest town)	State Chity or town County County
How long in above place of death?	(If outside city or town Menits, write RURAL and give nearest town)
How long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME HARRY ROA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 99102 20. DATE OF DEATH Sept. 30 19.47 21 1 4
i.(b) Name of bushend or wife. Alexandry	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
Birth date of deceased (mo., day, yr.) March 14 1889	and that I last saw halive on
3. AGE: Years Months Days If less than one day 5-8 6 16hrs.	
Birthplace (Town, county, and state)	Oue to
10. Usual occupation	Due to
12. Name Angelin Mills Angelin	Dther conditions.
14. Malden name Malceleum Sauth	(Include pregnancy within 8 months of death) Major findings of operations.
14. Malden name Malcelena Saustina 15. Birthplace Angles Surface Surfa	Date of op.
6, Informant Address Basis A. M. M. M.	Autopsy results
7. Burial, cremation, or remoyal, Which?) Date thereof Oct. 3, 194 (month) (day) (fegr)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or erematory States elle connecte	
Location of Market & P. Market	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Selta pa.	1 23. SIGNATURE THE TRANSPORT US.D
19. Uet 2 19 47 M. W. Registrar)	Address Charle of the Communication of the State of the Communication of



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
state Maryland county Harford town) Hayre de Grace
town) City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. Pusey Street
(If rural, give LOCATION) 2.(a) It veterly, name war. World War #2
3. (b) Social Security Number
MEDICAL CERTIFICATION
20. DATE OF DEATH 15 September 1947 19 47 et
21. I CERTIFY That death occurred on the date above stated: that I attended deceased from
years and that I last saw h. salive on Not seen alive 19
and that I last saw halive on
of a bomb carried on an Army plane
while on an official test flight
Due Io.
Dye to.
Other coadtilons.
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations. None
Bale of op.
Autopsy results. None
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: Il dealh was due to external causes, till in the tellowing; (year) Accident, suicide, or homicide. accidental Dale of 15 Sept 47 Where did injury occur? Aberdeen Proving Ground, Md, (City or town) (County) (State) Lived of home form industry public place (where?) Aberdeen Prov Grd,
injured at nonic, taria, industry, public prace (whereit)
Means of Injury See above Injured at work? Yes
/ / valsten
23. SIGNATURE Maseu Vilante Parte Part M. D. or other
Registrar Address Station Hospital, APG, Md. Oale signed

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SCHOOL STREET, AND AND ROLL BELLDER

2411 N. Charles St., Baltimore

1952

08066 18 1

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Aberdeen Proving Ground, Md. (If outside city or town limits, write RURAL and give neerest town)	State Pa. County.	
(If outside city or town limits, write RURAL and give neerest town) How long in above place of death?	City or town	
Hospital, Institution, or street address where death occurred:	Sireet No. 852 N. 27th St.	
Not Hospitalized	(If reral, give LOCATION) (If reral, give LOCATION) World War II	
How long in hospital or tastitution? Not Hospitalized	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
SKALSKI, JULIAN J. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH 15 Sept 1947 19 21 M	
B.(b) Name of husband or wife Mrs. Bernice M. Skalski	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
B,(c) If alive, give age 27 years	and that I last saw h. alive on Not seen alive 19.	
7. Birth date of deceased (mo., day, yr.) 2 November 1915	Acad days of	
8. AGE: Years Months Days If less than one day	assolution of a hamb commind on	
31 10 13min.	an army plane	
9. Birthplace Philadelphians, county, and atate)	Due to while on an official test flight	
1D. Usuat occupation Soldier	Due to.	
11. Industry or business U. S. Army	DUE (V.	
12. Name Unknown 13. Birtholace	Dther conditions	
Michalina Skalski	(Include pregnancy within 3 months of deeth) Major findings of eperations. None	
	Date of op.	
18. Informant Ochman, Stanley P.	Autopsy results None	
Address APG, Md.	PHYSICIAN: Please underline the cause to which deeth sheutil he cherged statistically.	
Transportation (Burfal, cremation, or removal, Which?) Cemetery or crematory M.A. Tomaszewski & Son	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. accidental Date of 15 Sept 47 Where did injury occur Aberdeen Proving Ground, Md.	
	(City or town) (County) (State)	
Location 2728 Alleghenyy Ave., Phila., Pa	Injured at home, farm, Industry, public place (where?) Aberdeen Pr Gr, Md. Means of injury See above tnjured at work? Yes	
18. Funeral director Howard K. McComas & Son	means or injury	
Address Abingdon Md.	23. SIGNATURE. Wayner H. Brook HATT Me	
19. Self 29 1947 Mille H. Wley (Date roc'd by registrar) (Date roc'd by registrar)	M. D. or other	

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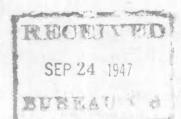
2411 N. Charle

C OF DEATH	Reg. Dist. No. 182
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
	County Hartord
City or iown. (If outside city or town lim	Ruval
Street No(If rural, gi	ve LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
9	
MEDICAL	CERTIFICATION
20. DATE OF DEATH SCOT 19	1947 1 9:15
21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from
Sept	19 47 10 Cast 19 194
and that I last saw h. Jan A. allve on Ce	ht 19 194 Therrothers Webbration Oclerosis Yang
Conebra	I hemorrhage House
Caseloal as Tosiel	oclerosis Vaga
att Caralaga	0 -1 2
with Paralysis	
Due to eval tasue	paracysis

Due to	
Other conditions	
Street Conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
	Date of op
Autopsy results	which death should be charged statistically.
PHYSICIAN: Please underline the cause to	
PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external	
	causes, fill in the following;
22. VIOLENCE: If death was due to external	causes, fill in the following;
22. VIOLENCE: If death was due to external of	causes, fill in the following; Date of

Educard ma Date signed 9-20-47

CERTIFICAT 1. PLACE OF DEATH: Hartord How long in above place of death?.. Hospliai, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race W Grace Durgea Sprigg 7. Birth date of Mar 16-1858 deceased (mo., day, yr.) If less than one day 8. AGE: Yeara (Townscounty, and state) 1D. Usuat occupation... 11. Industry or business 13. Birthplace 14. Maiden name. Lucy Rich mond, Va Brod Nax Cameron Address Cemetery or cremaiory St Mary 1 EMMONTON MO 18. Funeral director Address (Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
City or fown. Benefit of town limits, write Right and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborp infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hattie Stephens	3. (b) Social Security Number
4. Ssz 5. Color or race 8.(a) Single, married, widowy, or divorced Finale. White Midowad	MEDICAL CERTIFICATION 20. DATE OF DEATH. 24 19.47 21.639
8.(b) Name of husband or wife	21. I CERTIFM that death occurred in the date above stated: that I attended deceased from
7. Birth date of Jan, 25 -/880 (c) If alive, give age years deceased (mo., dev, yr.)	and that that saw h
8. AGE: Years Months Days of less than one day 29min.	throut and Foundial 3 yrs
9. Birthplace 7 To D line (Town, county, and atate)	Que to.
10. Usual occupation House Nortu	Dua to.
11. Industry or business 12. Name	Other conditions
5 n 11 010	Major fiadings uf operations.
16. Informant Melly Pomany	Autopsy results
Address - Jackington B. Date thereof May 26-1947 (Burial, cremation, or reproyal, Which?) Bate thereof May 26-1947 (Burial, cremation, or reproyal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemeiery or cremaiory I'me Grove Comuting	Where did injury occur?
Location Army brune Ja	Injured at home, farm, industry, public place (where?)
18. Funeral director Eleve B. Burg & Dong By & B.B.	Myans of Injury tojured at work?
Address Qad Lion Ha	23. SIGNATURE F. Brodgrass
19 Sept. 24 19 47 M. W. Tulk (Date fee'd by registrar)	Address Darlington mg - M. D. or other Date signed 9/24/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08069 Reg. Dist. No. 1.50

City or townArm (If a How long in above place Hospital, institution, or the How long in hospital o	Ord, (E. V. Chemic obtaide city or town I e ot death? 21 r street address where	al Cer imits, write R 9 year death occurred		State M.G. a. a. County Martord City or town Army Chemical Center, (If outside city or town limits, write RURAL and give nearest town) Edgewood (If rural, give LOCATION) 2.(a) If veteran, name war 1st World War	
3. (a) FULL NAM		Tomos	Stowant	3. (b) Social Security Number	
4. Sex	Robert		. married, widowed, or divorced	220-20-7897 MEDICAL CERTIFICATION	
Male	White		rried	2D. DATE DE DEATH 4 Sept 1847 at 11 13 P.	
7, Birth date of deceased (mo., day,	yr.) Marc	inia h,3,18	Ortimer Stew Off alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated in the d	
o. Rui.	0 6	1	hrs.	min. unstant	
10. Usual occupation 11. Industry or busines 12. Hame	Chief U.S. bert J. New York	Operat Govt. Stewar	en Co., N.Y. ing Engineer	Due to	
15. Birthplace			Stewart	Major findings of operations. Date of op.	
Address Army Chemical Center, Md. 11. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cokesbury			of Sept. 8, 194 (month) (day) (year)	7 Accident, suicide, or homicide	
18. Funeral director Howard K. McComas & Son Address Abingdon Maryland 19. Sept 8 (Dat/fee'd by registrar) 19.47 Marie M. Menls dale Registrar				23. SIGNATURE. William B. Granlem J. 14.D. May or other	

SEP 10 1947

W 15 15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 182

rec		CERTIFICAT	E OF DEATH	Reg. Diat. No.
S .	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give resideace of n	DECEASED:
The egibly.	County		2- 4	
	City or town	nd give nearest town)	State Coun	0 0
fully	How long in above place of death?		City or town (11 outside city or town limits,	write RURAL and give nearest town)
	Hospital, Institution, or etreet address where death occurred:	. 11 -		
arl	Euroute to Harford Hums		Street No	
on care clearly	How long In hospital or institution? Attach de 91	au, 2ud	2.(a) It veteran, name war	
ati	3. (a) FULL NAME			3. (b) Social Security Number
information of death cle	HARRY		AYLOR	3. (0) Bucial Becality Mambel
inf of	4. Sex 5. Color or race 6.(a) Single, married,	widowed, or divorced	MEDICAL CE	RTIFICATION ONNOX
of a sesi	male white fine	de	20. DATE OF DEATH Sept 1	7 1947 at 12:30 Am
cau		7	21. I CERTIFY that death occurred on the date abov	
v i	8.(b) Name of husband or wife	***************************************		
te t	7. Birth date of	give ageyears	end that I last saw halive on	
rit	deceased (mo., day, yr.) Jauren 5	-1878	Immediate case of death	DURATION
ldc M	8. AGE: Years Months Days If less	than one day	marine gastre	Hunorrhoge
Sul	698 /2	hrs min.		
Id.	11-1-10	Sn. 1	Cause Undeler	und
INK ns:	9. Birthpiace J. (Town, county, and state)		Due to.	
iai C	10. Usual occupation Range		0 - 1-	**************************************
ADING IN Physicians:	11. Industry or business		Oue to	***************************************
Phy		-		
T.	F		Other conditions	
WITH UNF important.	13. Birthplace	•	(Include pregnancy within 3 m	onths of death)
H	王 14. Maiden name.	ue.	Major findings of operations. Zonne	
WITH	14. Maiden name	us.		
-	16. Informant Mus Louis D. T.	anlor-	2	
LAINLY	01-10-1		PHYSICIAN: Please anderline the cause to whi	
IN	Address Street, Mile.	14.	22. VIOLENCE: It death was due to external caus	es, till in the following;
PLAINLY, is especially	(Burial, cremation, or removal, Which?)	month) (day) (year)	Accident, suicide, or homicide	Oate of
	Cemetery or cremetory. The select c	emeter	Where did injury occur?(City or town)	
WRITE	cemetery or cremetory.	7		
VR	Location Street, Man.		Injured at home, farm, industry, public place (who	
	18. Funeral director	Varleur	Meens of injury	Injured at work?
SI	Address Stelta P.		Onet	74.1
PLEASE	O L	-14	23. SIGNATURE	une w. U.
PL	19. Sept 24 19 47 M.	W. Justo	Ola Branca	Exadus M.D. or other
	(Date ric'd by registrar)	/ Registran	Address We are u	CALL Date signed

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RECUTTOD SEP 30 1947 BUREAU 3 8

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly WRITE PLAINLY, is especially

PLEASE

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				l
or.	Dist	No	185	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
4. Sex 5. Color or race 6.(a) Single, married, vidowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DEPTEMBER 18 19 47 at 12 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the plate above stated; that I attended deceased from 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 45 9	Due to.
10. Usual occupation occupation of auseur 11. Industry or business 11. Name & arrey Truman 13. Birthplace & ineries den in d	Due to Chronic Stonerulo - Diher condition
H 14. Maiden name Consta Europ 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
16. Informant Language Way Address Colora Ma. 17. Bural (Burial, cremation, or removal. Which?) Date thereof Suff 2/ 1949 (Burial, cremation, or removal. Which?)	Actopsy resolts
Cemetery or crematory West Vallengham Location Colora and 18. Funeral director & C. Tyzon;	Where did Injury occur?
Address Rising Seen ma. Left 18 19 47 G. L. Lewis M. (Datefree'd by registrer) Reprigrar	93. SIGNATURE Thu F. Noguera M. D. orother Address Tayford Mem Horposte Squed 9/18/47

SEP 19 1947
BURKAU S

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08072

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Virginia County City or town South Arlington (If ontside city or town limits, write RURAL and give nearest town)		
City or town Aberdee (If outside cit						
How long in above place of death? Itospital, institution, or street ad	dress where	death occurre	l:	Sireet No. 2811 8th Street (If rural, give LOCATION)		
How long in hospital or institution	n? No	t hosp	italized	2.(a) It veteran, name war		
3.(a) FULL NAME JOHN WHITNEY				3. (b) Social Security Number		
4. Sex 5. Color	or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Whi	te	Ma	rried	2D. DATE DF DEATH 15 September 1947 21		
B.(b) Name of husband or wife	Virgi	nia Fu	ller Whitney	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of		6.(c) If alive, give ageyear	and that I last eaw h. alive on Not seen alive 19.		
deceased (mo., day, yr.)	8 Jan	uary l	923	Immediate cause of death Accidental explosion DURA		
8. AGE: Years Me	7	23		of a bomb carried on an Army plane while on an official test flight		
9. Birthplace				Due to		
1B. Usual occupation	***************************************	***************************************	***************************************	Due to	********	
E 12. Name Carl	D. Z.	hitu	y Low.	Other conditions		
13. Birthplace Mt. Pleasant, Lown. 14. Malden name Mary Stall Tolithey, 15. Birthplace Danenport, Jowa.				(Include pregnancy within 8 months of death) Major findings of operations. None		
	-	port,		None Date of op		
16. Informant Ochman, Stanley P. Address Aberdeen Proving Ground, Md.				Autopsy results		
17. Transportation Date thereof Sept. 24, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide accidental Bate of 15 Sept 47 Where did injury occur? Aberdeen Proving Ground, Md. (City or town) (County) (State)		
Location Arlington Va.				(City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Aberdeen PrGr, Md.		
19. Funeral director Howard K. McComas & Son				Means of injury See above Injured at work? Yes		
Address Abingdon Maryland				23. SIGNATURE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19. Lett 26 19 47 Melle 2. Wey (Date rec'd by registrar) Registrar				23. SIGNATURE		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The & is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

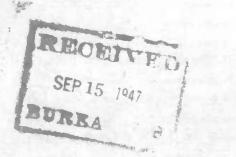
2411 N. Charles St., Baltimore

08073

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State
3. (a) FULL NAME BRENDA CAROL W	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Line White Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19.
7. Birth date of 7 10 11/1	snd that I last saw halive on19
8. AGE: Years Months Days If less than one day 9 26hrsmin.	Immediate cause of death
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to Organizated Comilis
11, Industry or business	Due to
12. Name Ourtis Villio 13. Birthglace Aprendivelle Va.	Dither conditions
KI Marca & Dil	(Include pregnancy within 8 months of death)
15. Birthplace Lance Lu Co. Oa.	Major findings of operations. Date of op.
16. Informant Curtis Willis (Failu) Address 330 Wilson R.	Autopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Date of Management Date of Man
Location Speedwell Va.	Injured at home, farm, industry, public place (where?)
18. Funeral director Personal Land Com Address Thank de Brace	Means of Injury Speed Toch Country Injured at work? 42
Heft. 13 19. 4) 1. L. Lewis M. S. Registrar	Address Aberde 20 20 Date signed 9/1.2 /4



CERTIFICATE OF STREET

1	IN)
	5	2

4-	12 certificate must be after within 2 flours 101 over	3 5011	gestation of more (see stub)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER: 841
	County Harford		State New Jersey
	City or town Aberdeen		County Essex
	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:		City or town Newark (If outside city or town limits, write RURAL and give nearest town)
Sta	ation Hospital, Aberdeen Proving Ground, 1	Mes.	
	Length of mother's stay in County		Street No. 27 Mt. Vernon Place (If RURAL give LOCATION)
3.	Name of child Bruce David Wing	4.	Date of birth 16 Sept 19 17 Hour 3:21 A.M.
5.	Sex Male 6. Twin or triplet		No. of weeks pregnancy. 37
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Leroy William Wing	12.	Full maiden name Kathleen Virginia Miller
9.	ColorW 10. Age at time of this birth 31 yrs.	13.	Color. W 14. Age at time of this birth. 28 yrs.
11.	Usual occupation Soldier U. S. Army		Usual occupation Housewife
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now de	: (a)	How many children of this mother are now living?
17.	Did child die before labor?NO During labor?NO		
	Pregnancy, complications of. Apparently None		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes
19.	Labor: (a) Complications of None		(b) Maternal causes Unknown
	(b) Induced? No		
20.	(a) Was there an operation for delivery? No	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if anyNone (Yes or No)		
	(a) Did skild die k.c		Signature (Specify if M. D., midwife, or other)
	(c) Did child die before operation? NO During operation? NO		
99		II .	Addressta. Hosp, APG, Md
40.	(a)	25.	(a) 17 Sept 47 (b) Allia H-Wey (Registrar)
0.4	(c) Cemetery or crematory	26.	(To be filled out if no physician was present at delivery)
24.	(a) Funeral director distribution of the second of the sec		The above certificate has been examined by me.
_	* Son Instruction Comments	11	Health Officer, per

Child lived one hour

SEP 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d CERTIFICATE OF DEATH

Dist.		,	0	0	*****
Dist.	No.		0	0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RUKAL and give nearest town)	State County County
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	300 % 04.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Eva Woodhu	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemal White Widow	20. BATE OF DEATH SLIFT 10, 1947 21 10 30 A M
5. (b) Name of husband or wife Praction N. Woodlang	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
(olie)	Sept. 9, 19, 47, 19 Sept 10, 19, 47
7. Birth date of	and that I last eaw h. L. alive on S. L. T. 9 19 4 7
deceased (mo., day, yr.)	Immediate Ause of death DURATION .
8. AGE: Years Mooths Days It less than one day	Chronic Cardio-Pascul, 541s.
82 / 7hrsmin.	Disease.
9. Birthpiace	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
置 12. Name	Other conditions
13. Birthplace	
2 1/6/2	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of aperations.
S 15. Birthplace Venducky	Date of op
16. Informan Leaven C. Mrodburg	Autopsy results. None.
Address 30 0 n. Min Hang de Chace	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 9/12/05	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (panth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (Connty) (Connty) (State)
Location Tasse de Sur	Injured at home, farm, Industry, public place (where?)
18. Funeral director Chamber of Man 18.	Means of Injury Injured at work?
Address I fam de Brase p	(HI A Trally of lon, That
11.15 11. (1.4)	23. SIGNATURE M. D. or, other
18 Lene 11 19 47 VA. Veires M	Bar College
(Date ref'd by registrar) Registrar	Address Date signed And Date s

